

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-13-052 Serial/Patent # 10/519903

3 Please refund the following fee(s):

4 PAPER  
NUMBER5 DATE  
FILED

6 AMOUNT

☒ Filing112/27/04\$ 100☐ Amendment

\$

☐ Extension of Time

\$

☐ Notice of Appeal/Appeal

\$

☐ Petition

\$

☐ Issue

\$

☐ Cert of Correction/Terminal Disc.

\$

☐ Maintenance

\$

☐ Assignment

\$

☐ Other

\$

7 TOTAL AMOUNT  
OF REFUND\$ 100

8 TO BE REFUNDED BY:

☐ Treasury Check☒ Credit Deposit A/C #:9 0 2 -- 2 6 6 6

10 REASON:

☒ Overpayment☐ Duplicate Payment☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. JohnsonTITLE: ParalegalSIGNATURE: A. JohnsonPHONE: 318-9140OFFICE: PCT\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: